

Takoma Park Recreation Department
Youth Basketball Registration

Player's Name: _____ Age: _____ Date of Birth: _____

Home #: _____ Gender: _____ School: _____ Grade: _____

Parents/Guardian Information

Parent Name(s): _____ (circle one) Resident / Non-Resident (circle one) Ward 1 2 3 4 5 6

Address: _____
Street City State Zip

Work #: _____ Cell #: _____

Email: _____ Home #: _____

Volunteer Coaching

The success of our Winter Basketball League is dependent upon volunteers. No experience is necessary, just the desire to help kids learn the basic fundamentals and enjoyment of basketball. **MANDATORY COACHES MEETING: 11/22/11 at the Takoma Park Recreation Center located at 7315 New Hampshire Avenue, in Takoma Park. The meeting will start promptly at 6:30 PM**

YES, I want to help volunteer!!! Head Coach Assistant Coach Score Keeper Time Clock

Contact Name: _____

Team Request

Special requests (for coaches, friends, car pooling, etc.) cannot be guaranteed due to the logistics of the league in regards to the make up of rosters and divisions. Requests must be made in writing and submitted to the Takoma Park Recreation Department league coordinator by **December 2, 2011**. Every attempt will be made to accommodate special requests.

My Request: _____

Payment / Registration

Payment method ☐ Check ☐ Cash ☐ Money Order ☐ Credit cards are accepted online, phone and walk-in.

Phone registrations with credit card only. DO NOT MAIL CASH! *Make checks payable to "City of Takoma Park"*

Do you require any special accommodations to participate in this program/activity? Yes No

If yes, please explain: _____



PARTICIPATION AGREEMENT

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. The City of Takoma Park assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that the Takoma Park Recreation Department does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, I / my child am / is physically fit and , should this condition change at any time during the program I will notify the administration of the Recreation Department immediately. The Recreation Department has my permission to call Emergency 911 and/or to send me / my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well being of m/my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Recreation staff concerning this program. I authorize the Recreation Department to take, display, and publish photographs, slides or videos for promotional and/or educational purposes. I have read, understood, and accept the terms of this participant's agreement as outlined.

Parent/Guardian (if under 18): _____ Date: _____

Participant Signature (if over 18): _____ Date: _____

Office use: Date paid: _____ Type of payment: _____ Amount: _____ Date entered: _____ Staff initials: _____